



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

BASSETT SURGERY CENTER
6211 EDGEMERE SUITE 2
EL PASO TX 79925

Respondent Name

INSURANCE CO OF THE STATE OF PA

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-13-0323-01

MFDR Date Received

OCTOBER 1, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The radiology service reported with CPT 72100 with a payment indicator of Z3. Medicare addendum DD indicates a payment indicator of Z3 is a radiology service paid separately when provided integral to a surgical procedure on ASC list as in this case."

Amount in Dispute: \$51.58

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier, Insurance Company of the State of PA is maintaining their position that the additional \$51.58 is not owed to the requestor, Bassett Surgery Center."

Response Submitted by: Chartis Claim Services

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 8, 2012	ASC Services for CPT Code 72100-TC	\$51.58	\$38.47

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.402, titled *Ambulatory Surgical Center Fee Guideline*, effective August 31, 2008, sets out the reimbursement guidelines for ambulatory surgical care services.
3. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, sets the reimbursement guidelines for the disputes service.

4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- Z710-The charge for this procedure exceeds the fee schedule allowance.
- B006-This charge is included in the ASC fee.

Issues

1. Is CPT code 72100-TC allowance included in the allowance of another service/procedure rendered on this date?
2. Is the requestor entitled to reimbursement?

Findings

1. CPT code 72100 is defined as "Radiologic examination, spine, lumbosacral; 2 or 3 views."

According to the explanation of benefits, the respondent denied reimbursement for CPT code 72100 based upon reason codes "97 and B006."

On the disputed date of service, the requestor billed CPT 62311-SG, 77003-TC, 72100, 99144, J2001, Q9967, J1040, J2400, A4930-SG, A4550-SG.

Per NCCI Edits, code 72100 allowance is not included in the allowance of another procedure/service performed on this date; therefore, the respondent has not supported the denial based upon reason codes "97 and B006."

2. Per Addendum BB, CPT code 72100 has a payment indicator of "Z3."

Z3 is defined as "Radiology service paid separately when provided integral to a surgical procedure on the ASC list; payment based on MPFS nonfacility PE RVU."

CPT code 72100-TC was performed with a surgical procedure, 62311, on the ASC list; therefore, payment is recommended.

28 Texas Administrative Code §134.402 (h) states "For medical services provided in an ASC, but not addressed in the Medicare payment policies as outlined in subsection (f) of this section, and for which Medicare reimburses using other Medicare fee schedules, reimbursement shall be made using the applicable Division Fee Guideline in effect for that service on the date the service was provided."

Per 28 Texas Administrative Code §134.203(c)(1)(2), "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.

(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).

The 2012 DWC conversion factor for this service is 54.86.

The Medicare Conversion Factor is 34.0376

Review of Box 32 on the CMS-1500 the services were rendered in zip code 79925, which is located in El Paso County.

The Medicare participating amount for code 72100-TC in El Paso County is \$23.87.

Using the above formula, the MAR is \$38.47.

The respondent paid \$0.00. The requestor is due \$38.47.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$38.47.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$38.47 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	06/14/2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.